



4507 North Front Street, Suite 200
Harrisburg, PA 17110-1787

P.O. Box 3153
Harrisburg, PA 17105-3153
Phone: (800) 233-2160 Fax: (717) 657-0340
Underwritten by Homesite Insurance Company (AM Best "A" Rated)

Producer:
Producer License Number:
Producer Code:
Producer Phone Number:

Manufactured Home Application

NO COVERAGE EXISTS PRIOR TO THE EFFECTIVE DATE AND HOUR OF THIS APPLICATION.

Policy Number:	Quote Number:	Policy Term: 12 MONTHS
Named Insured:	Payment Plan:	Down Payment:
Mailing Street Address:	Home Phone:	
Mailing City, State Zip:	Work Phone:	
Email:		

Named Insured(s):

#	Last Name	First Name	Birth Date
1			
2			

Vesting Information (For dwellings deeded in a name other than an individual - For example, a Living Trust):

Entity on Title

POLICY PREMIUM SUMMARY	
UNIT PREMIUM	
POLICY FEE	\$25
TOTAL POLICY PREMIUM	

Thank you for choosing Aegis General Manufactured Home Insurance!

Insured Name:

Policy Number:

COVERAGE	LIMIT / SELECTION	PREMIUM
UNIT TOTAL:		

UNIT ELIGIBILITY QUESTIONS	
Is the manufactured home condemned?	
Is the manufactured home without utilities?	
Is the manufactured home under renovation/under construction?	
Is the manufactured home used as a commercial risk?	
Is there any business conducted on the premises or in the manufactured home?	
Does the applicant own or board any animal that has bitten or caused injury?	
Are there any hazardous liability exposures on the premises or in the manufactured home?	
Is there a swimming pool on the premises?	
Does the manufactured home or attached structure have any damage that has not been repaired?	
Is the manufactured home titled in the name of a business or corporation?	
Is this home on stilts?	

PRIOR INSURANCE HISTORY	
Was the unit purchased within 7 days of the Effective Date?	
Has the risk been uninsured for more than 7 days?	

Prior policy expiration date?

Applicant Statement

I certify that I have read this application in full and that all information I provided is true and complete to the best of my knowledge. I agree that the policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, coverage limits or deductibles as a result of an inspection report or loss history report. I further understand that any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of my insurability may result in a rescission of coverage. In addition, I understand that I have a duty to notify the Company of any changes to the insured risk.

I understand that in connection with my request for premium quotation and Application for insurance the Company may obtain consumer reports which may include a loss history report or personal or privileged information from third parties, I hereby authorize the Company to obtain consumer reports on me. I agree to pay any additional premium owed if the amount of premium shown is inaccurate for any reason.

I understand the policy may be rescinded and no coverage provided if my down payment is returned by the bank for any reason. I understand there may be a processing fee imposed on any returned checks.

Warning:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I hereby certify that I have read and answered all questions on this application. I have read the insurance fraud statement and all the statements set forth in this Applicant Statement section. I hereby certify that all information contained in this Application is accurate and complete.

Applicant Signature

Date

Producer Signature

Date

Email application to jennifer@thecentralagency.com

* COVERAGE IS NOT BOUND UNTIL A POLICY IS ISSUED AND EFFECTIVE DATE CAN NOT BE BACKDATED.

* DOWN PAYMENT IS REQUIRED AT TIME OF APPLICATION UNLESS ESCROWED.

* IF PAYMENT PLAN IS TO BE ENROLLED IN AUTOMATIC PAYMENTS A SIGNED AUTHORIZATION FORM IS REQUIRED.